

APPLICATION FOR A MONTANA ASBESTOS PROJECT PERMIT AND NESHAP DEMOLITION/RENOVATION NOTIFICATION

TYPE OF APPLICATION/PERMIT (See Instructions)

ACCOUNTING CODE: 574832 / 502702 / 02202

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Project Permit | <input type="checkbox"/> Project Permit Revision | <input type="checkbox"/> Courtesy Notification (NESHAP) | <input type="checkbox"/> Annual Permit |
| <input checked="" type="checkbox"/> NESHAP Notification | <input type="checkbox"/> NESHAP Notification Revision | <input type="checkbox"/> Annual Permit Amendment | <input type="checkbox"/> Annual Permit w/Contractor |

TYPE OF NOTIFICATION

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Renovation (R) | <input type="checkbox"/> NESHAP Demo/Reno | <input type="checkbox"/> Ordered Demolition (O) | <input type="checkbox"/> Transport (T) |
| <input checked="" type="checkbox"/> Demolition (M) | <input type="checkbox"/> Courtesy (C) | <input type="checkbox"/> Emergency Renovation (E) | <input type="checkbox"/> Disposal (D) |
| <input type="checkbox"/> Annual | (For Annual Permit Holders) Annual Permit MTF | | |

ASBESTOS PROJECT CONTRACTOR (Operator)

Asbestos Project Contractor, Individual or Company Name

Mailing Address _____ City _____ County _____ State **MT** Zip _____

Telephone Number _____ Fax Number _____ Contractor Contact Person (First and Last Name) _____

On-Site Project Contractor/Supervisor _____ Contractor/Supervisor Accreditation Number _____ Expiration Date _____

DEMOLITION/RENOVATION CONTRACTOR (Operator)

Demolition/Renovation Contractor, Individual or Company Name

Mailing Address _____ City _____ State _____ Zip _____ County _____

Telephone Number _____ Fax Number _____ Contractor Contact Person (First and Last Name) _____

SITE INFORMATION

Redstone barn, granary

Building Name / Site

1/2 mile west of Redstone on North side of Hwy 5 _____ Redstone _____ MT _____ 59257 _____ Sheridan _____

Location Address

Site Telephone Number _____ Location Contact Person (First and Last Name) _____

16' x 54' & 1 _____ 1 _____ Unknown _____ 8South _____ 22East _____ 15 _____

Building Size (sq. ft.) _____ Number of Floors _____ Age of Site in Years _____ Latitude _____ Longitude _____ Township _____ Range _____ Section _____

SITE/BUILDING OWNER

Montana Department of Transportation

Owner Name

PO Box 201001 _____ Helena _____ MT _____ 59620 _____ Lewis & Clark _____

Mailing Address

406-444-7647 _____ Stan Sternberg _____

Telephone Number _____ Contractor Contact Person for Owner (First and Last Name) _____

LOCATION PRESENT USE*

* Commercial ~ Hospital ~ Industrial ~ Miscellaneous ~ Office ~ Public Building
Residence ~ School ~ Ship/Boat ~ University/College ~ Vacant

C H I M O P R S B U V

LOCATION PRIOR USE*

C H I M O P R S B U V

PRE-RENOVATION/DEMOLITION ASBESTOS INSPECTION INFORMATION

Is Asbestos Present? Yes No Date of Inspection: April 6, 2010

Doug Compton

MTA#3027

November 4, 2010

Printed Name of Inspector Who Performed Inspection

Accreditation Number

Expiration Date

TYPE OF AND APPROXIMATE AMOUNT OF ASBESTOS MATERIAL

Material No.	Amount & Measurement		Type of RACM to be Abated (See Instructions)			Non-Friable ACM to be removed		Non-Friable ACM <u>not</u> to be abated	
	Amount	Measurement	Type	CAT I	CAT II	CAT 1	CAT II		
Material No. 1	<input type="checkbox"/>	SF <input type="checkbox"/> LF <input type="checkbox"/> CF <input type="checkbox"/>							
Material No. 2	<input type="checkbox"/>	SF <input type="checkbox"/> LF <input type="checkbox"/> CF <input type="checkbox"/>							
Material No. 3	<input type="checkbox"/>	SF <input type="checkbox"/> LF <input type="checkbox"/> CF <input type="checkbox"/>							
Material No. 4	<input type="checkbox"/>	SF <input type="checkbox"/> LF <input type="checkbox"/> CF <input type="checkbox"/>							
Material No. 5	<input type="checkbox"/>	SF <input type="checkbox"/> LF <input type="checkbox"/> CF <input type="checkbox"/>							
Material No. 6	<input type="checkbox"/>	SF <input type="checkbox"/> LF <input type="checkbox"/> CF <input type="checkbox"/>							
Material No. 7	<input type="checkbox"/>	SF <input type="checkbox"/> LF <input type="checkbox"/> CF <input type="checkbox"/>							
Material No. 8	<input type="checkbox"/>	SF <input type="checkbox"/> LF <input type="checkbox"/> CF <input type="checkbox"/>							
Material No. 9	<input type="checkbox"/>	SF <input type="checkbox"/> LF <input type="checkbox"/> CF <input type="checkbox"/>							
Material No. 10	<input type="checkbox"/>	SF <input type="checkbox"/> LF <input type="checkbox"/> CF <input type="checkbox"/>							

SCHEDULED DATES FOR ASBESTOS ABATEMENT	
Start Date (mm/dd/yy)	Complete Date (mm/dd/yy)
N/A	N/A

SCHEDULED DATES FOR DEMOLITION/RENOVATION	
Start Date (mm/dd/yy)	Complete Date (mm/dd/yy)
Must be at least 10 working days after date mailed	

PROJECT DESIGN INFORMATION

N/A not RACM waste

Print First and Last Name of Project Designer (PD) _____ (Accreditation Number/Exp. Date) _____

RACM WASTE TRANSPORTER Check if same as Abatement Contractor

Contractor, Individual or Company Name _____

Mailing Address _____ City _____ State _____ Zip _____ County _____

Telephone Number _____ Fax Number _____ Contractor Contact Person (First and Last Name) _____

RACM WASTE DISPOSAL SITE

- | | |
|--|---|
| <input type="checkbox"/> Allied Waste Systems of Montana Missoula Landfill | <input type="checkbox"/> Libby Class II Landfill |
| <input type="checkbox"/> Butte Silver Bow Government Landfill | <input type="checkbox"/> Miles City Area Solid Waste Dist Landfill |
| <input type="checkbox"/> City of Billings Solid Waste Division Landfill | <input type="checkbox"/> Northern MT Joint Refuse Disposal Dist Conrad Landfill |
| <input type="checkbox"/> City of Hardin Class II Landfill | <input type="checkbox"/> Park County Refuse Disposal Dist Livingston Landfill |
| <input type="checkbox"/> City of Malta Landfill | <input type="checkbox"/> Richland County Solid Waste Dist Sidney Landfill |
| <input type="checkbox"/> City of Shelby Landfill | <input type="checkbox"/> Sheridan County Solid Waste Dist Plentywood Landfill |
| <input type="checkbox"/> Coral Creek Landfill | <input type="checkbox"/> Valley County Refuse Dist 1 Glasgow Landfill |
| <input type="checkbox"/> Daniels County Commissions Scobey Landfill | <input type="checkbox"/> Valleyview Class II CCSS Helena Landfill |
| <input type="checkbox"/> Flathead County Solid Waste District Kalispell Landfill | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> High Plains Sanitary Landfill Site 1 - Great Falls/Floweree | |

THIS SECTION APPLIES TO FACILITY DEMOLITIONS/RENOVATIONS

I certify that the above information is correct and that a State-accredited asbestos inspector inspected the facility for asbestos prior to demolition/renovation. This Notice must be submitted to the Department at least 10 working days prior to the start of work.

_____ Date _____

Printed Name / Signature _____

THIS SECTION APPLIES TO ASBESTOS PROJECTS

I certify that all work performed pursuant to the authorization of the Asbestos Project Permit will be performed in accordance with 40 CFR part 61, subpart M, §§ 75-2-501 through -519, MCA, ARM 17.74.301 through 17.74.406, and the Montana Asbestos Work Practices and Procedures Manual. In addition, I hereby certify all regulated asbestos-containing waste materials removed during this project will be transported properly and disposed of in a State-approved Class II landfill or similar approved asbestos disposal facility.

_____ Date _____

Printed Name / Signature _____

FOR ASBESTOS PROJECTS PLEASE PROVIDE PER ARM 17.74.355

- A1. Project design with sketch. -- OR --
- A2. See Contractor Standard Operating Procedure dated _____. Project specific sketch, workers, and variance request attached.
- B. List of accredited asbestos personnel with their accreditation ID numbers and expiration dates.
- C. Copy of the contract showing the contract dollar amount for asbestos abatement.
- D. Appropriate fee (Actual Contract Volume for RACM removal x 10%). NOTE: If using a figure with cents, round up to the nearest penny.

_____ x 10% = _____	_____	_____	_____
Actual Contract Volume	Fee Amount Enclosed	Check No.	DEPOSIT LOG NO.

Mail completed form and fee to: MT DEQ Asbestos Control Program, 1520 East 6th Avenue, PO Box 200901, Helena, MT 59620-0901

Mont. Code Ann. § 75-2-503(2) requires the department to issue a permit decision within seven calendar days following receipt of a complete application for asbestos projects which cost \$3000 or less. For projects exceeding \$3000, the estimated time to process and issue a decision is ten working days.

FOR EMERGENCY RENOVATIONS - APPLICATION MUST BE SUBMITTED WITHIN FIVE DAYS OF NOTIFICATION

Date of Emergency _____ (Start Date) _____ (Complete Date)

Description of the sudden, unexpected event. **Stop work, call MDT Environmental (444-7647) for assistance.**

IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, SUBMIT COPY OF GOVERNMENT ORDER

